

FACT SHEET: The North Carolina AIDS Drug Assistance/HIV Medications Program (ADAP) HIV/STD Prevention and Care Branch - Division of Public Health, NC DHHS

What is the North Carolina AIDS Drug Assistance Program (ADAP)?

The North Carolina AIDS Drug Assistance Program (ADAP), also known as the HIV Medications Program, uses a combination of State and federal funds to provide low-income residents of the State with assistance in obtaining essential, life-sustaining medications to fight HIV/AIDS and the opportunistic infections which often accompany the disease. The Program purchases the medications in bulk from a pharmaceutical wholesaler, and a central pharmacy dispenses and sends the prescriptions for each client to the client's designated address.

Who is eligible to participate in the Program?

In order for someone to be eligible for ADAP, the individual must:

- Be HIV+ (have HIV disease or AIDS);
- Reside in North Carolina;
- Have a net family income that is at or below 125% of the federal poverty level (see the back of this page for the current FPL for various family sizes);
- Not have any other third-party coverage* (e.g., private insurance, Medicaid or Medicare) that enables them to obtain their medications; and,
- Have a (or several) prescription(s) for medications that are included in the ADAP formulary (list of drugs that the Program will pay for) – (The medications provided under this Program are limited to those specifically related to the diagnosis and treatment of HIV disease/AIDS - see the back of this page for the current ADAP formulary)

* There may be some circumstances in which exceptions will be considered; please contact the ADAP Program (see below).

How does someone apply to and get into the Program?

An individual who wants to apply for ADAP coverage should talk to their clinician or the person in the office who handles bills and/or insurance, their HIV case manager, or someone at one of NC's HIV Care Consortia, at any local/public health department, or at an AIDS service organization/agency. The applicant, with the assistance of these individuals, will complete two forms; one to establish that the individual qualifies financially for the Program and one to document their HIV+ status, their need for medications provided under this Program and a mailing/delivery address for the medications. These two forms are then sent to the Office of Purchase of Medical Care Services for a final determination of eligibility. The individual and their "case manager" will be advised if the applicant is eligible for and if they have been enrolled in the Program. Prescription information may either be captured on the central pharmacy's enrollment form and faxed to the central pharmacy or the actual prescriptions may be mailed to the central pharmacy.

These three forms, along with the POMCS provider/instruction manual can be found and downloaded at <http://www.epi.state.nc.us/epi/hiv/adap.html>

Is there any cost to the individual?

There is no cost to the individual covered under this Program for the drugs that are on the Program's formulary. The individual is responsible for the cost of other drugs that they receive which are not covered by the Program.

How does someone get more information about the HIV Medications Program?

For more information about the HIV Medications Program, please go to <http://www.epi.state.nc.us/epi/hiv/adap.html>, or you may contact:

- Steve Sherman – Coordinator, NC AIDS Drug Assistance/HIV Medications Program (ADAP), HIV/STD Prevention and Care Branch – (919) 715-3111 or steve.sherman@ncmail.net
- Sally Kohls – Nurse Consultant, ADAP, HIV/STD Prevention and Care Branch – (919) 733-9602 or sally.kohls@ncmail.net
- Purchase of Medical Care Services (applications are processed by the client's last name alphabetically) -
 - (A-D, M) - Toni Wallace - (919) 855-3668
 - (N, O, Q-Z) - Glenys Spencer - (919) 855-3665
 - (E-L, P) - Mike Benson - (919) 855-3666
 - General Info - Christy Bradsher - (919) 855-3652

[Please see the other side of this page for additional information]

Family Size / Federal Poverty Level (\$) As of April 1, 2006								
	1	2	3	4	5	6	7	Each add. Person
100%	9800	13200	16600	20000	23400	26800	30200	3400
125%	12250	16500	20750	25000	29250	33500	37750	4250
150%	14700	19800	24900	30000	35100	40200	45300	5100
200%	19600	26400	33200	40000	46800	53600	60400	6800

Note: As of July 17, 2006, NC's ADAP financial eligibility is at or below 125% of the FPL.

HIV MEDICATIONS/ADAP PROGRAM
Listing of Covered Medications
As of July 17, 2006

Antiretrovirals: (FDA approved)

Amprenavir – Agenerase
Tipranavir – Aptivus
Zidovudine and lamivudine – Combivir
Indinavir – Crixivan
Emtricitabine – Emtriva
Lamivudine (3TC) – Epivir
Abacavir and Lamivudine - Epzicom
Enfuvirtide – Fuzeon *
Zalcitibine (ddC) – Hivid
Saquinavir – Invirase
Lopinavir/Ritonavir – Kaletra
Fosamprenavir – Lexiva
Ritonavir – Norvir

Darunavir – Prezista
Delavirdine – Rescriptor
Zidovudine (AZT) – Retrovir
Atazanavir – Reyataz
Efavirenz – Sustiva
Zidovudine, Lamivudine and Abacavir – Trizivir
Tenofovir and Emtricitabine – Truvada
Didanosine (ddI) – Videx
Nelfinavir – Viracept
Nevirapine – Viramune
Tenofovir – Viread
Stavudine (d4T) – Zerit
Abacavir – Ziagen

* Access to Fuzeon is governed by special medical eligibility/appropriateness criteria, and requires an additional application

Other Medications:**

Acyclovir – Zovirax	Fluconazole – Diflucan	Pancrelipase – Pancrease, Ultrase, Creon
Amitriptyline – Elavil	Ganciclovir – Cytovene	Paromomycin – Humatin
Atovaquone – Mepron	Hydroxyurea – Hydrea	Pentamidine – NebuPent, Pentam
Azithromycin – Zithromax	Itraconazole – Sporanox	Prochlorperazine – Compazine
Ciprofloxacin – Cipro	Ketoconazole – Nizoral	Promethazine – Phenergan
Clarithromycin – Biaxin	Lansoprazole – Prevacid	Pyrimethamine – Daraprim
Clindamycin – Cleocin	Leucovorin – Wellcovorin	Rifabutin – Mycobutin
Dapsone (DDS) – Dapsone	Loperamide – Imodium	Sulfadiazine
Diphenoxylate w/atropine – Lomotil	Nortriptyline – Aventyl, Pamelor	Sulfamethoxazole/trimethoprim (smx/tmp; tmp-smx) – Bactrim, Septra, Cotrim, Sulfatrim
Ethambutol – Myambutol	Nystatin – Mycostatin, Nilstat	Valacyclovir – Valtrex
Famciclovir – Famvir	Omeprazole – Prilosec	Valganciclovir – Valcyte
	Ondansetron hydrochloride – Zofran	

** Notes: (1) If available, generic medications are dispensed unless the prescription is written for a specific brand name product; (2) the above-listed brand names are only examples of those products available, and neither recommended nor required by the Program.

Decisions about what medications are included within the Program formulary are guided by an HIV Clinical/Medications Advisory Committee. Members of this Committee (clinicians, case managers, HIV program administrators, consumers and others), provide their expertise and perspectives primarily on issues related to the efficacy and importance of new medications. The also provide advice on activities related to the operation and effectiveness of the Program. Their perspectives and best thinking on these issues are integrated with considerations about budgetary status and Program/policy regulations and priorities. While final decisions with regard to all of these matters rest with the State agency responsible for administering the Program (i.e., the HIV/STD Prevention and Care Branch of the Division of Public Health, Department of Health and Human Services), the Advisory Committee plays an invaluable role in assuring that “real world” experience and expertise are incorporated into the decisions made by and operation of the Program.

[Please see the other side of this page for additional information]